

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 07/15/ 2002.

### **I. DISPUTE**

Whether there should be additional reimbursement for Ambulatory Surgical Center care for 11/07/2001.

### **II. RATIONALE**

The requestor submitted an EOB with the denial code of "M-No MAR set by TWCC-reduced to fair and reasonable." Ambulatory Surgical Center care is not covered by the *Medical Fee Guideline* and shall be reimbursed at a fair and reasonable rate.

The respondent's response was received 07/17/02. However, it did not enclose documentation to support their rate of reimbursement as fair and reasonable.

The requestor billed \$6,284.55 for the Ambulatory Surgical Center care; the respondent paid \$2,236.00 leaving a balance of \$4,048.55. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable.

The requestor submitted redacted EOBs that indicate that they have accepted reimbursements for similar treatment in the same geographical area to an injured individual of an equivalent standard of living, at 100% of their billed charges. On this basis reimbursement is recommended at 100% of billed charges less the amount paid. (100% of \$6,284.55-\$2,236.00 already paid = \$4,048.55 for additional reimbursement).

Therefore, additional reimbursement is recommended.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to additional reimbursement for Ambulatory Surgical Care in the amount of **\$4,048.55**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$4,048.55** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 12th day of September 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
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